SCHEDULE	С
(Form 1040)	

Profit or Loss From Business

OMB No. 1545-0074

(Sole	Proprieto	orship
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	neni oi ine neasury		-SS, 1040-NR, or 1041; partnerships must generally the the duleC for instructions and the latest information and the latest info		Attachment Sequence No. 09
Name	of proprietor				urity number (SSN)
Α	Principal business or profession	on, including product o	r service (see instructions)	B Enter co	de from instructions
с	Business name. If no separate	businana nama lagua	blank		
C	Busiliess name. If no separate	Business name, leave	Dialik.	D Employer	D number (EIN) (see instr.)
E	Business address (including su	uite or room no.)			
	City, town or post office, state				
F	Accounting method: (1)	Cash (2) Ac	ccrual (3) Other (specify)		
G			is business during 2023? If "No," see instructions for	or limit on losse	
н			check here		
і			hire you to file Form(s) 1099? See instructions		Yes No
J Pari		e required Form(s) 109	9?		Yes . No
1			nd check the box if this income was reported to you	on	
	Form W-2 and the "Statutory			1	
2	Returns and allowances			. 2	
3	Subtract line 2 from line 1 .			. 3	
4	Cost of goods sold (from line	,		. 4	
5	Gross profit. Subtract line 4 f			. 5	
6 7	Gross income. Add lines 5 ar	-	r fuel tax credit or refund (see instructions)	6	
Part			s use of your home only on line 30.	. 1	
8	Advertising	8	18 Office expense (see instructions	s). 18	
9	Car and truck expenses		19 Pension and profit-sharing plan	s. 19	
	(see instructions)	9	20 Rent or lease (see instructions):		
10	Commissions and fees .	10	a Vehicles, machinery, and equipm		
11	Contract labor (see instructions)	11	b Other business property		
12 13	Depletion	12	21 Repairs and maintenance 22 Supplies (not included in Part II		
	expense deduction (not		23 Taxes and licenses	·	
	included in Part III) (see instructions)	13	24 Travel and meals:		
14	Employee benefit programs		a Travel	. 24a	
	(other than on line 19) .	14	b Deductible meals (see instructio	ns) 24b	
15	Insurance (other than health)	15	25 Utilities		
16	Interest (see instructions):	40-	26 Wages (less employment credit		
a b	Mortgage (paid to banks, etc.)	16a 16b	27a Other expenses (from line 48) .		
17	Legal and professional services	17	b Energy efficient commercial blo deduction (attach Form 7205).	• I I	
28		1 1	f home. Add lines 8 through 27b		
29	Tentative profit or (loss). Subtr	ract line 28 from line 7		. 29	
30	•		report these expenses elsewhere. Attach Form 88	329	
	unless using the simplified me Simplified method filers only				
	and (b) the part of your home		. Use the Simplified		
			mount to enter on line 30		
31	Net profit or (loss). Subtract	-			
	•		line 3, and on Schedule SE, line 2. (If you and trusts, enter on Form 1041, line 3.	31	
	• If a loss, you must go to line			i	
32	If you have a loss, check the b	pox that describes your	r investment in this activity. See instructions.		
		box on line 1, see the lin	le 1 (Form 1040), line 3, and on Schedule ne 31 instructions.) Estates and trusts, enter on Your loss may be limited.	32b 🗌 S	All investment is at risk. Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

		age 2
Part	III Cost of Goods Sold (see instructions)	
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	
36	Purchases less cost of items withdrawn for personal use	
37	Cost of labor. Do not include any amounts paid to yourself	
38	Materials and supplies	
39	Other costs	
40	Add lines 35 through 39	
41	Inventory at end of year	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	
Part		
43	When did you place your vehicle in service for business purposes? (month/day/year)	
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:	
а	Business b Commuting (see instructions) c Other	
45	Was your vehicle available for personal use during off-duty hours?	lo
46	Do you (or your spouse) have another vehicle available for personal use?	lo
47a	Do you have evidence to support your deduction?	lo
b Part		lo
Fart	Other Expenses. List below business expenses not included on lines 0-20, line 27b, of line 30.	
48	Total other expenses. Enter here and on line 27a 48	